

MDR Tracking Number: M5-04-0145-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 11, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for therapeutic procedures and office visits from 06/02/03 through 06/25/03. However, the requestor did not prevail on the myofascial release, joint mobilization, unlisted neurological/neuromuscular procedure/testing, and manual traction. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. Therapeutic procedures and office visits from 06/02/03 through 06/25/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Order is hereby issued this 11th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 06/02/03 through 06/25/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 11th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/gr

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Requested Service(s)

November 20, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0145-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a lumbar spine injury on ___ while lifting a heavy object. A lumbar MRI revealed an annular tear and facet hypertrophy at L5-S1 and left foraminal disc bulge

at L4-5. She underwent bilateral facet and sacroiliac joint injections on 08/07/03 with good results. Both electromyography (EMG) and nerve conduction velocity (NCV) studies were normal.

Requested Service(s)

Therapeutic procedures, office visits, myofascial release, joint mobilization, unlisted neurological/neuromuscular procedure/testing, and manual traction from 06/02/03 through 06/25/03

Decision

It is determined that the therapeutic procedures and office visits from 06/02/03 through 06/25/03 were medically necessary to treat this patient's condition. However, the myofascial release, joint mobilization, unlisted neurological/neuromuscular procedure/testing, and manual traction from 06/02/03 through 06/25/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

National treatment guidelines do not allow for passive therapy, such as the myofascial release, joint mobilization, neurological procedure/testing, and manual traction, three-and-one-half months post injury. It is usually accepted throughout the chiropractic profession that the office visits includes joint mobilization unless unusual circumstances are present. No such circumstances were documented in the records.

The guidelines do allow for a trial of chiropractic care and active rehabilitation in injuries involving disc and facet syndromes. There is sufficient documentation to warrant the office visits and therapeutic procedures rendered from 06/02/03 through 06/25/03. Apparently, the patient received minimal benefit from this care in the fact that she underwent bilateral facet joint steroid injections and bilateral sacroiliac injections on August 14, 2003. Therefore, it is determined that the therapeutic procedures and office visits from 06/02/03 through 06/25/03 were medically necessary. However, the myofascial release, joint mobilization, neurological procedure/testing, and manual traction from 06/02/03 through 06/25/03 were not medically necessary.

Sincerely,